

DECLARATION REGARDING ATTORNEY'S FEES AND COSTS: EXHIBITS

Form #5DC02

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT STATE OF HAWAI'I	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendant(s)	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

DECLARATION REGARDING ATTORNEY'S FEES AND COSTS

I declare that I am the attorney for the prevailing party, and I request an award of attorneys' fees pursuant to Hawai'i Revised Statutes [check all that apply]:

- ☐ § 607-14 (assumpsi); ☐ § 666-14 (summary possession); ☐ § 607-14 (condominium association);
- ☐ Other [specify statute] § _____ .

The amount of the judgment (principal and interest) is anticipated to be \$ _____ .

I. ATTORNEY'S FEES Section A or B)*

*** PLEASE NOTE:** In addition to completing Section A or B below, you must attach as Exhibit 1 an itemized report of the time spent on the action and to be spent to obtain a final written judgment, the hourly rates, a brief description of the work performed, and the total fees requested.

☐ **A. Fee Based on an Hourly Rate.**

I have expended and am likely to expend to obtain a final written judgment of the following hours at the rate specified below.

Hours: _____ x Hourly Rate: \$ _____

Total Fees = \$ _____ .

☐ **B. Fee Based on an Agreed-Upon Fee (Explain the fee agreement below).**

The attorney's fees incurred in this action is not based on an hourly rate. The agreed-upon fee is \$ _____ .

Total Fees Requested: \$ _____ .

DECLARATION REGARDING ATTORNEY'S FEES AND COSTS (continued)

II. OTHER COSTS

I request an award of costs for actual disbursements itemized below pursuant to Hawai'i Revised Statutes [check all that apply]:

☐ § 607-9; ☐ Other [specify statute] § _____.

I have attached as Exhibit 2 true copies of invoices and/or receipts for the requested costs.

*** PLEASE NOTE:** Do not include filing fees, service costs or mileage in your request for other costs. Such costs should be reflected on the Judgment form but do not require additional court approval.

<u>Item</u>	<u>Amount Requested</u>
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TOTAL OTHER COSTS REQUESTED: \$ _____.

I DECLARE UNDER PENALTY OF LAW THAT THE FOREGOING IS TRUE AND CORRECT.

Date:	Signature of Declarant: Print/Type Name:
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ORDER

Approved and so Ordered: _____ **Attorney's Fees: \$** _____ **Other Costs: \$** _____

Judge



In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 482-2347, FAX 482-2509, OR TTY 482-2533 at least (10) working days in advance of your hearing or appointment date.

For Civil-related matters, please call 482-2303 or visit the Service Center at 3970 Kā'ana Street, DC Civil Division, Suite 207, Līhu'e, Hawai'i 96766.

NOTE:

**DECLARATION
REGARDING ATTORNEYS'
FEES AND COSTS
(FORM # DC02)
IS NOT REQUIRED FOR
FEES OF \$500 OR LESS
OR FOR COST OF
FILING FEES, SERVICE FEES
AND MILEAGE**

**UNLESS OTHERWISE
ORDERED BY THE COURT**